



State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management

CONSTRUCTION & DEMOLITION WASTE
LANDFILL

Facility Annual Report

For the period of July 1, 2011-June 30, 2012

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2012 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: Alexander County CDLF

Permit: 0201-CDLF-1997

ID: P0816

Facility Website (URL): <http://www.alexandercountync.gov/solid-waste.php>

Physical Address	Mailing Address
Street 1: 2500 Paynes Dairy Rd	Street 1: 621 Liledoun Rd Box 12
Street 2:	Street 2:
City: Taylorsville County: Alexander	City: Taylorsville
State: North Carolina Zip: 28681	State: North Carolina Zip: 28681

Primary Facility Contact Person	Billing Contact Person
Name: Josh Mitchell	Name: Josh Mitchell
Phone: (828) 632-1101 Fax: (828) 632-0059	Phone: (828) 632-1101 Fax: (828) 632-0059
Email: jmitchell@alexandercountync.gov	Email: jmitchell@alexandercountync.gov

1. Tipping Fee: \$50.00 per Ton (Attach a schedule of tipping fees if appropriate.)

2. Does the tip fee above include the \$2.00 Solid Waste Tax? ☒ Yes ☐ No

3. What other activities occur at this facility? (check all that apply)

☒ Recycling/Reuse Collection ☒ Scrap Tire Collection ☒ White Goods Collection ☐ Household Hazardous Waste Collection

If you checked Recycling/Reuse Collection, please indicate the materials accepted and amount collected: (check all that apply and provide tonnages)

<input type="checkbox"/> Paper _____ tons	<input checked="" type="checkbox"/> Fluorescent lightbulbs 1 _____ tons	<input checked="" type="checkbox"/> Used oil/oil filters 1 _____ tons	<input type="checkbox"/> Steel Cans _____ tons
<input checked="" type="checkbox"/> Cardboard 234 _____ tons	<input type="checkbox"/> PETE (#1) Plastic _____ tons	<input type="checkbox"/> Aluminum Cans _____ tons	<input checked="" type="checkbox"/> Other Metal 183 _____ tons
<input checked="" type="checkbox"/> Wood 471 _____ tons	<input type="checkbox"/> HDPE (#2) Plastic _____ tons	<input checked="" type="checkbox"/> Computer Equipment 70 _____ tons	<input checked="" type="checkbox"/> Televisions 35 _____ tons
<input checked="" type="checkbox"/> Glass 100 _____ tons	<input type="checkbox"/> Concrete/rubble/asphalt _____ tons	<input type="checkbox"/> Gypsum/drywall _____ tons	<input type="checkbox"/> Other Plastic _____ tons
<input type="checkbox"/> Shingles _____ tons	<input checked="" type="checkbox"/> Other (specify) aluminum/steel cans, paper, plastic mix 105 tons		

Airspace (Capacity): Questions in this section relate to all cells/units of the C&D facility operated under the current 4-digit permit number regardless of whether the cells/units are closed or are not contiguous at the time of this report. Tonnage questions must be based on scale records and cover the period between the opening date and the date of the last survey unless another time period is approved. Airspace measurements include weekly, intermediate and final cover.

4. Date Facility Last Surveyed: 6/13/12

5. Airspace Used (cubic yards): 98,267

6. Total Tons Disposed in Airspace Used (tons): 42,093

7. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☒ No

If so, please report the date this occurred: _____

8. Total waste landfilled at this facility during the period of July 1, 2011, through June 30, 2012. Indicate **tonnage** received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. Do not include waste diverted for recycling, reuse, mulching, or composting. Please indicate COUNTY and STATE, if received from another state.

[illegible]

Grand Total	3,295.66
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9. Are there SWANA or other certified operator(s) at this facility? ☒ Yes ☐ No

If yes, indicate the following:

Name: <u>Freddy Mitchell</u>	Certification type and expiration date: <u>Landfill Operations Specialist 3/27/16</u>
Name: <u>RD Story</u>	Certification type and expiration date: <u>Landfill Operations Specialist 2/13/15</u>
Name: _____	Certification type and expiration date: _____
Name: _____	Certification type and expiration date: _____
Name: _____	Certification type and expiration date: _____

10. Comments, suggestions or notes:

REMINDER: According to (G.S. 130A-309.09D(b)), this report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

Please return your completed report to:

C.T. Gerstell
610 East Center Avenue
Mooresville, NC 28115
phone: 704.235.2144 email: Charles.Gerstell@ncdenr.gov

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature:  Date: 7-30-12

Name: Josh Mitchell Title: Solid Waste Director

Phone Number: 828-632-1101 Email: j.mitchell@alexandercountync.gov

Facility Name: Alexander County CDLF

Permit: 0201-CDLF-1997

Address: 2500 Paynes Dairy Rd

City: Taylorsville

State: North Carolina

Zip: 28681

Person completing Assessment: Josh Mitchell

Date: _____

Phone Number: (828) 632-1101

Fax: (828) 632-0059

Email: jmittchell@alexandercountync.gov

Instructions:

Please indicate either *Yes* or *No* for each Receptor and Post Closure Maintenance question. Then please determine the distance or distances for each Receptor from the *Edge of Waste* (using range finders and/or GIS maps) and type that information into the form. Please attach additional information including GIS maps, lists of potable well locations, etc.

Receptors

1. Are there Residential Dwellings Within 1,500 feet of the Edge of Waste?

☐ Yes

☒ No

If Yes, how many? _____

What are the three closest distances from the *Edge of Waste*? _____

Feet _____

Feet _____

Feet _____

2. Are there Potable Wells Within 1,500 feet of the Edge of Waste?

☐ Yes

☒ No

If Yes, how many? _____

What are the three closest distances from the *Edge of Waste*? _____

Feet _____

Feet _____

Feet _____

3. Are there Community/Municipal Wells Within 1,500 feet of the Edge of Waste?

☐ Yes

☒ No

If Yes, how many? _____

What are the three closest distances from the *Edge of Waste*? _____

Feet _____

Feet _____

Feet _____

4. Are there Surface Water Bodies Within 1,500 feet of the Edge of Waste?

☐ Yes

☒ No

If Yes, how many? _____

What are the three closest distances from the *Edge of Waste*? _____

Feet _____

Feet _____

Feet _____

Please list the names of the water bodies: _____

5. Is Public Water Available Within 1,500 feet of the Edge of Waste?

☒ Yes

☐ No

If Yes, how many of the Residential Dwellings noted above are connected? _____

Corrective Measures

6. Is there an active methane extraction system (blower, flare, etc.)?

☐ Yes

☒ No

7. Is there a passive methane extraction system (trench, vents in cap, flare, etc.)?

☒ Yes

☐ No

8. Is there groundwater remediation taking place on site?

☒ Yes

☐ No

If Yes, what is the specific remedial technology used? _____

Comments